

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

FINAL ANATOMIC DIAGNOSES

- I. Penetrating gunshot wound of the head.
 - A. Entrance wound: right frontal scalp.
 - B. Path of the missile is (anatomic position): right-to-left, front-to-back and downward.
 - C. Recovered: 3/4 x 3/8 inch non-deformed copper jacketed projectile.
 - D. Status post left-sided hemicraniectomy.
- II. Penetrating gunshot wound of the left lower extremity.
 - A. Entrance wound: left lower extremity.
 - B. Path of the projectile (anatomic position): right-to-left, front-to-back and upward.
 - C. Recovered: 1/4 x 1/16 x 1/8 inch deformed gray metal projectile fragment.

SUMMARY AND INTERPRETATION

This [REDACTED] year-old [REDACTED] male, [REDACTED], died of a penetrating gunshot wound of the head. The projectile entered the right frontal scalp and perforated the right frontal lobe and left parietal lobe of the brain. The second gunshot wound of the left lower extremity was caused by a fragmented projectile that entered the deep soft tissues of the calf muscle without injuring the major vessels of the leg. The decedent underwent emergent neurosurgery (hemicraniectomy) at Sunrise Hospital and where continued medical management was unsuccessful. With the information available to me at this time, the manner of death, in my opinion, is Homicide.

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CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH: HOMICIDE.

CIRCUMSTANCES OF DEATH: The decedent was shot during a mass fatality incident.


Jerry J. Hodge, D.O.
JH/kra/ag

DATE: 20 Dec 2017

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October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[REDACTED]

DATE AND TIME OF DEATH: October 3, 2017 at 1328 hours.

DATE AND TIME OF AUTOPSY: October 4, 2017 at 0040 hours.

FORENSIC PATHOLOGIST: Jerry J. Hodge, D.O.

CLOTHING AND PERSONAL EFFECTS

The body is received unclad.

EVIDENCE OF MEDICAL INTERVENTION

Evidence of medical intervention on the body at the time of autopsy includes a triple lumen intravascular access device that is in the right side of the neck. An intravenous access device is in the right antecubital fossa and dorsum of the right hand. A Foley catheter is in the penis. A 12 inch curvilinear sutured incision extends from the left frontoparietal scalp to the left temporal scalp overlying just above the left ear. A 2 inch oblique sutured incision is on the right frontal scalp.

EXTERNAL EXAMINATION

The unembalmed body is that of an adult [REDACTED] male with a weight of 200 pounds and a body length of 68 inches. Rigor mortis is fixed and symmetric in all extremities. Livor mortis is fixed on the posterior aspect of the body, except in areas exposed to pressure. The body temperature is cool to touch.

The scalp hair is brown in color and measures 2-3 inches in length. Facial hair consists of a brown mustache. The irides

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are blue. The teeth are natural. Evidence of injury to the head will be described below in the Evidence of Injury section.

The thorax is symmetrical and normally developed. The abdomen is mildly protuberant. The external genitalia are those of an adult male. There is no evidence of trauma to the torso or to the urogenital area.

The upper extremities are normally developed and symmetrical with no clubbing or edema. The hands and fingers show no evidence of trauma. The fingernails are intact. The lower extremities are normally developed and symmetrical with no edema. Injury to the left lower leg will be described below in the Evidence of Injury section. There is a Clark County Office of the Coroner/Medical Examiner (CCOCME) identification band on the right great toe.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

The decedent has no observable tattoos. A well-healed 7 inch curvilinear scar is on the medial aspect of the right knee.

EVIDENCE OF TRAUMA

GUNSHOT WOUND OF THE HEAD:

Situated 2 inches below the top of the head and 3 inches above and 1 inch anterior to the right ear is a 1/8 x 1/8 inch gunshot entrance wound circumferentially surrounded by 1/8 inch abrasion ring. Underlying the scalp is a 1 x 5/16 elongated deficit in the right frontal skull which demonstrates internal beveling. Upon reflection of the scalp, diffuse subgaleal hemorrhage is noted. The calvarium is removed revealing diffuse subarachnoid hemorrhage of the brain. The path of the missile perforates the right frontal lobe and extends into the left parietal lobe. Diffuse cerebral contusions are noted along the projectile path. A 3/4 x 3/8 inch non-deformed copper jacketed projectile is

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located in the lateral aspect of the junction of the left middle and posterior cerebral fossae. The path of the missile is (anatomic position): right-to-left, front-to-back, and downward. Spectacle hemorrhage is present about both eyes.

GUNSHOT WOUND OF THE LEFT LOWER EXTREMITY:

On the medial aspect of the left lower extremity situated 11 inches above the medial aspect of the left heel and 2 inches left of the midline is a 1/8 x 1/8 inch gunshot entrance wound. The wound track extends laterally and posteriorly to the deep soft tissues of the calf muscle where a 1/4 x 3/4 x 1/8 inch deformed gray projectile fragment is recovered. Injuries to the major blood vessels of the leg are not demonstrated. The path of the missile is (anatomic position): right-to-left, front-to-back and upward.

INTERNAL EXAMINATION

NERVOUS SYSTEM:

Injuries to the head have been described and will not be repeated. The 1670-gram brain shows flattening of gyri and widening of sulci consistent with diffuse cerebral edema. External landmarks are readily identified. Sections through the stem show diffuse hemorrhage due to herniation.

TOXICOLOGY SPECIMENS

Samples of peripheral blood are collected and submitted for toxicological examination. Complete results are in a separate report, however are negative for ethanol or illicit drugs. Fentanyl is detected which is a hospital administered medication.

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MICROSCOPIC DESCRIPTION

Representative sections of cerebral tissue are retained in formalin without preparation of slides.

ADDITIONAL PROCEDURES

Photographic and radiographic images, fingerprints, and a DNA card are obtained at the time of autopsy. The skull and facial skeleton are intact. The projectile is visualized in the side of the skull as recovered at autopsy. X-rays of the chest, abdomen and pelvis show no evidence of skeletal injuries. A projectile fragment is noted in the left lower extremity as recovered at autopsy.